DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 02/24/2006

## **Provider Inspection Summary**

For the period 01/01/2003 to 12/31/2005 Residential Care Apartment Complex CERTIFIED STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: ANGELUS RETIREMENT COMMUNITY (0010333) Address: 38 NORTH MAIN STREET, CLINTONVILLE, WI 54929

License Status: REGULAR

Licensed/Certified/Registered 09/25/2003

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

**Survey History** 

Survey ID: 0095689 End Date: 09/28/2005 Type: STANDARD Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091187 End Date: 09/25/2003 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED

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